

## Physical Presence Waiver Form

Exceptions are listed below to the requirement that all WIC applicants/participants be physically present at each certification. Please complete the form and file in the applicant/participant file.

**Applicant/Participant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Category:** Woman, Infant, Child (circle one)

**Appointment:**

\_\_\_\_\_ Initial Certification

**OR**

\_\_\_\_\_ Subsequent Certification

### Exception for All Applicant Categories:

- \_\_\_\_\_ Medical condition that necessitates the use of medical equipment that is not easily transportable.
- \_\_\_\_\_ Medical condition that requires confinement to bed rest.
- \_\_\_\_\_ A serious illness that may be exacerbated by coming in to the clinic.

### Exception for Infant or Child Categories:

- \_\_\_\_\_ An infant or child who was present at his/her initial WIC certification, has documented ongoing health care from a provider other than the local agency, and being physically present would cause an unreasonable barrier.
- \_\_\_\_\_ An infant or child who was present at his/her initial WIC certification, who may not have ongoing health care, and
  - Ⓒ was present at a WIC certification or subsequent certification determination within the one-year period of current certification; and
  - Ⓒ is under the care of one or more working parents/guardians whose working status presents a barrier to bringing the infant or child in to the WIC clinic.

### Length of Waiver:

- \_\_\_\_\_ Short-term (current certification period)
- \_\_\_\_\_ Long-term (up to one year from current certification)
- \_\_\_\_\_ Permanent

***This form must be kept in client's file for an audit/review.***

06/00